

# INDIANA WING, CIVIL AIR PATROL

## RADIO SERVICE TECHNICIAN QUALIFICATION REQUEST

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Grade: \_\_\_\_\_ CAP ID No.: \_\_\_\_\_ Membership Renewal Month: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Indiana Wing Call Sign: Red Fire

### LICENSES AND QUALIFICATIONS

#### CHECK ALL TYPES OF LICENSES OR QUALIFICATIONS THAT APPLY

| Type of License or Certificate   | License or Certificate Number |
|--|-------------------------------|
| <input type="checkbox"/> FCC General Radiotelephone Operators License or Higher                  | _____                         |
| <input type="checkbox"/> National Association of Business/Emergency Radio (NABAR) certificate    | _____                         |
| <input type="checkbox"/> Association of Public Safety Communications Officers (APCO) certificate | _____                         |
| <input type="checkbox"/> Society of Broadcast Engineers (SBE) certificate                        | _____                         |
| <input type="checkbox"/> Other (specify) _____   | _____                         |

If the applicant checks "OTHER", give a brief description of your qualifications

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#### TESTING EQUIPMENT NORMALLY USED IN PERFORMING SERVICE WORK

| OWNER |           |       | If the Owner is "OTHER" who is the owner? (Name and/or Company ) | Make of Equipment | Model Number | Serial Number | Date of Last Equipment Calibration |
|-------|-----------|-------|--|-------------------|--------------|---------------|------------------------------------|
| CAP   | APPLICANT | OTHER |  |                   |              |               |                                    |
|       |           |       |  |                   |              |               |                                    |
|       |           |       |  |                   |              |               |                                    |
|       |           |       |  |                   |              |               |                                    |
|       |           |       |  |                   |              |               |                                    |
|       |           |       |  |                   |              |               |                                    |

\_\_\_\_\_  
Signature of Applicant and Date

\_\_\_\_\_  
Signature of Communications Area Manager and Date

\_\_\_\_\_  
Signature of Wing Communications Engineer and Date

\_\_\_\_\_  
Signature of Wing Director of Communications and Date